

## LIABILITY INSURANCE FOR THE EVENTS OF OUTSIDE USERS AT DIOCESE OF SACRAMENTO FACILITIES

INSTRUCTIONS: 1) Complete this form – provide all information requested, make 3 copies 2) One copy is for the Outside User, 3) One copy for your file, 4) Immediately mail the original white and one copy to the Chancery office with the payment check.

(Be sure the check is made payable to "The Diocese of Sacramento".)

Parish or Agency (Additional Insured - Lessor) \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Facility/Building (i.e. Hall, School Gym, ...) To be used and address if different from above. \_\_\_\_\_

Sponsoring Organization or Individual Lessee \_\_\_\_\_ Type of Event (reception, meeting... Please specify.) \_\_\_\_\_  
(Named Insured)

Contact Person(s) \_\_\_\_\_ Date of Event \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Telephone \_\_\_\_\_ Time of Event \_\_\_\_\_

Liquor being served  Yes  No Food being served  Yes  No Number of Participants: \_\_\_\_\_

Liquor Sold?  Yes  No If Yes, Liquor Liability must be purchased – see below

*Coverage is provided only for the event and dates specified above.  
Prompt notification to the program administrator of any loss or incident is required.*

Date of Request \_\_\_\_\_

Signature of Outside User/Named Insured \_\_\_\_\_

Signature of Pastor, Parish Administrator or Diocesan Representative  
acknowledging receipt of completed request, payment & Short Term Use Agreement.

Liability Insurance Coverage provided by: Everest National Insurance Company  
Limit of General Liability coverage: \$1,000,000 per Occurrence  
Host Liquor Liability: Included  
Liquor Liability: Additional Premium Required (see below)

Cost of Coverage/Premium (Check one)/per day:

_____ 1 TO 100 DAILY ATTENDANCE .....\$150	_____ LIQUOR LIABILITY INCLUDED.....\$250
_____ 101 TO 500 DAILY ATTENDANCE.....\$175	_____ LIQUOR LIABILITY INCLUDED.....\$375
_____ 501 TO 1500 DAILY ATTENDANCE.....\$225	_____ LIQUOR LIABILITY INCLUDED.....\$500

NUMBER OF DAYS: \_\_\_\_\_ TOTAL PAYABLE \$ \_\_\_\_\_

This notification of an event *must* reach the CHANCERY AT LEAST SEVEN (7) DAYS PRIOR TO THE EVENT

**REMIT COMPLETED FORM AND PAYMENT TO:**

Diocese of Sacramento  
2110 Broadway  
Sacramento, CA 95818-2541  
Attn: Insurance Department

**PROGRAM ADMINISTRATOR:**

Arthur J. Gallagher & Co. Insurance Brokers  
P. O. Box 7443  
San Francisco, CA 94120-7443  
Phone: (415) 546-9300